

IDAHO DEPARTMENT OF HEALTH & WELFARE

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: [sb@dhw.idaho.gov

March 22, 2010

SusanBroetje, Administrator Idaho State School And Hospital 1660 Eleventh Avenue North Nampa, ID 83687

RE:

Idaho State School And Hospital, Provider #13G001

Dear Ms. Broetje:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho State School And Hospital, on March 16, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

SusanBroetje March 22, 2010 Page 2 of 2

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **April 5, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY

Health Facility Surveyor

Jugh Both

Fire Life Safety & Construction Program

TB/li

Enclosure

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

01

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH

IDAHO S		ELEVENTH AVENUE NORTH PA, ID 83687				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 000	INITIAL COMMENTS	K 000				
	The "Redwood Building" was originally constructed in 1967 and is a single story structure with a mechanical room in the basement. The building's original construction classification is protected non-combustible. The building is protected by an automatic sprinkler system and a complete supervised fire alarm/smoke detection system with off site monitoring. There are a total of two exits to grade from the central core plus each of the four pods containing resident sleeping rooms have a door to grade and a door to the central core. Emergency power is provided by an on site generator and battery powered emergency lighting units are installed. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with 42 CFR 483.70. The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program		RECEIVED APR 0 1 2010 FACILITY STANDARDS			
ABORATO	RY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S	SIGNATURE	TITLE	(X6) DATE		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A, BUILDING 01

B. WING _____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO S	TATE SCHOOL AND HOSPITAL	1660 ELEVENTH NAMPA, ID 8368	ELEVENTH AVENUE NORTH PA, ID 83687			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 000	Continued From page 1	K 000				
K 018	NFPA 101 LIFE SAFETY CODE STAND Doors protecting corridor openings in other required enclosures of vertical openings hazardous areas are substantial doors, at those constructed of 1% inch solid-bond wood, or capable of resisting fire for at leminutes. Doors in sprinklered buildings required to resist the passage of smoke.	ner than , exits, or such as ed core east 20 are only				
	no impediment to the closing of the door are provided with a means suitable for k the door closed. Dutch doors meeting 1 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regin all health care facilities.	eeping 9.3.6.3.6				
	This Standard is not met as evidenced I	ov.				
	Based on observation the facility did not that corridors are separated by smoke re partitions and doors. The facility had a consist sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients on the day of the survey sixty eight clients.	ensure esisting ensus of	O0VF21 If continuation			

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AND PLAN OF CORRECTION

13G001

A. BUILDING 01 B. WING _

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH

IDANO STATE SCHOOL AND HOSPITAL		NAMPA, ID 83687				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	/ FULL PI	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 2 Findings include: During the tour of the facility on March 9 9:35 AM, observation of the door to the I room revealed a transfer grill in the lowe the door. This was observed by the Surv the Maintenance Supervisor. This deficie the potential to affect fifteen clients and present on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupat 19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether th protected by fusible link-operated dampe not be used in these walls or doors.	, 2010 at aundry r half of reyor and ency has all staff	K 018		4-13-16	
K 046	NFPA 101 LIFE SAFETY CODE STAND Emergency lighting of at least 1½ hour of provided in accordance with 7.9. 19.2	luration is	K 046			
	This Standard is not met as evidenced I Based on record review, it was determin facility had not ensured emergency light being tested monthly or annually. The fa a census of sixty eight clients on the day survey. Findings include:	ed the ing was cility had				
	During record review on March 10, 2010 AM, maintenance records revealed the foot have records for either monthly or an	acility did				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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(X2) MULTIPLE CONSTRUCTION

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(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING ____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

	INAMIE	A, ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	Continued From page 3 testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect fifteen clients and all staff present on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.2.9 Emergency Lighting. 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 046		4-30-10

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER			A. BUILDING 01		COMPLETED		
	13G001			B. WING0			16/2010
	ROVIDER OR SUPPLIER TATE SCHOOL AN	ID HOSPITAL	1660 EI		TATE, ZIP CODE AVENUE NORTH		
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K 047	Exit and directional accordance with se illumination also se system. 19.2.10. This Standard is not Based on observation that exit signs were facility had a censure day of the survey. Findings include: During the tour of the 9:50 AM, observation of the Redwood but not illuminated. This Surveyor and the Mideficiency has the process of the Redwood but not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the process of the Redwood But not illuminated. This Surveyor and the Mideficiency has the Process of the Redwood But not illuminated. This surveyor and the	ot met as evidenced ion the facility did no continuously illumings of sixty eight client the facility on March Son of two exit signs i ilding revealed that the swas observed by the laintenance Supervisoremental to affect fifter present on the day of the	by: t ensure tated. The son the 9, 2010 at n one pod hey were he sor. This teen of the ancies cordance	K 047			4-30-10
K 062	NFPA 101 LIFE SA	FETY CODE STAN	DARD	K 062			

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STATEMENT OF DEFICIENCIES

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(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

AND PLAN OF CORRECTION

13G001

A. BUILDING 01 B. WING _

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH

	N/	AMPA, ID 83687	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 5	K 062		4-30-10
	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	A		413
	This Standard is not met as evidenced by: Based on record review, the facility failed to inspect and test the automatic sprinkler syster as required. The facility had a census of sixty eight clients on the day of the survey.	m		
	Findings include:		•	
	Record review on March 10, 2010 between the hours of 10:10 AM and 11:20 AM, revealed the facility was unable to provide documentation of any quarterly inspections or tests of the automatic sprinkler system. This was noted by the Surveyor and the Maintenance Supervisor This deficiency has the potential to affect fifted clients and all staff present on the day of the survey.	nat on		
	Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved,			
	supervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tester and maintained in accordance with NFPA 25,			
RM CMS-	2567(02-99) Previous Versions Obsolete	· · · · · · · · · · · · · · · · · · ·	O0VE21 If continuation	on sheet Page 6 of

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CENTERS FOR MEDICARE		OMB_NO. 09 <u>38-039</u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01	(X3) DATE SURVEY COMPLETED
	13G001		B. WING	03/16/2010
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
	D LICODITAL	4000 F1	こいたいまし ハッといいと いろりまし	

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
IDAHO S	STATE SCHOOL AND HOSPITAL		LEVENTH A	AVENUE NORTH 7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCI (EACH DEFICIENCY MUST BE PRECEEDED B REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 6 Standard for the Inspection, Testing, an Maintenance of Water-Based Fire Prote Systems.		K 062		
	NFPA 25 2-1 General. This chapter provides the minimum req for the routine inspection, testing, and maintenance of sprinkler systems. Table be used to determine the minimum requirequencies for inspection, testing, and maintenance. Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Quarterly testing for Alarm Devices and Drain.	le 2-1 shall uired			
K 064	NFPA 101 LIFE SAFETY CODE STAN Portable fire extinguishers are provided health care occupancies in accordance 9.7.4.1. 19.3.5.6, NFPA 10	in all	K 064		4-30-10 Zir
	This Standard is not met as evidenced Based on observation the facility did no that portable fire extinguishers were be checked on a monthly basis. The facilit census of sixty eight clients on the day	t ensure ing y had a			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G001

(X2) MULTIPLE CONSTRUCTION

01

(X3) DATE SURVEY COMPLETED

A. BUILDING B. WING

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH

IDANO 3	TATE SCHOOL AND HOSPITAL	NAMPA, ID 8368	PA, ID 83687			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 064	Continued From page 7 survey. Findings include: During the tour of the facility on March 9 between the hours of 9:30 AM and 9:50 observation of the portable fire extinguis revealed that they were not being check monthly basis or being signed off on the tag. This was observed by the Surveyor Maintenance Supervisor. This deficiency potential to affect fifteen clients and all spresent on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupa 19.3.5.6 Portable fire extinguishers shall be provihealth care occupancies in accordance 9.7.4.1. 9.7.4.1 Where required by the provisions of and section of this Code, portable fire exting shall be installed, inspected, and mainta accordance with NFPA 10, Standard for Fire Extinguishers. NFPA 10 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected whe placed in service and thereafter at approximate 30-day intervals. Fire extinguishers shall inspected at more frequent intervals whe circumstances require.	AM, shers ed on a affixed and the y has the staff and in all with affixed in Portable en initially eximately I be	DEFICIENCY)			
DRM CMS.	2567(02-99) Previous Versions Obsolete		O0VE21 If continuation	sheet Page 8 of		

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13G001

A. BUILDING 01

B. WING _____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

	NAME	PA, ID 83687	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064	Continued From page 8	K 064		
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		4-30-10 7B
	This Standard is not met as evidenced by: Based on record review, it was determined the facility had not ensured that the emergency generator was being inspected weekly or load tested monthly in accordance with NFPA 99. The facility had a census of sixty eight clients on the day of the survey.			
	The findings include: Record review of the generator log on March 10, 2010 at 11:20 AM, disclosed that the facility did not document weekly checks or monthly load tests on the emergency generator. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect fifteen clients and all staff present on the day of the survey.			
	Actual NFPA standard: NFPA 99 1999 edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches.			

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A. BUILDING B. WING _

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH

	NAM	PA, ID 83687	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIO OATE
	Continued From page 9 (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110 Standard for Emergency and Standby Power Systems NFPA 110 1999 edition 6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at leas monthly.	d),		

TAG #: K-018, MM309

1. Corrective action for the identified problem.

A work order to cover up the grill in the Redwood CSU has been issued.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2009.

TAG #: K-046, MM309

1. Corrective action for the identified problem.

The testing on the emergency lighting for the Redwood CSU had been completed monthly but the testing log was included with the monthly generator test log (see attached).

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

Done

TAG #: K-047, MM309

1. Corrective action for the identified problem.

The Redwood CSU's exit signs have been repaired. A monthly check will be scheduled to ensure compliance is maintained.

- 4. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance Craftsman Senior
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-062, MM309

1. Corrective action for the identified problem.

The Redwood CSU sprinkler system has been inspected and tested. A quarterly schedule will be developed to ensure that compliance is maintained.

- 5. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-064, MM309

1. Corrective action for the identified problem.

The Redwood CSU's fire extinguishers have been checked and a monthly schedule will be developed.

- 6. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

Weekly inspections for the Redwood CSU building generator have been initiated and a schedule will be developed to ensure compliance is maintained.

- 7. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

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If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The "Redwood Building" was originally constructed in 1967 and is a single story structure with a mechanical room in the basement. The building's original construction RECEIVED classification is protected non-combustible. The building is protected by an automatic sprinkler system and a complete supervised fire alarm/smoke detection system with off site APR 0 1 2010 monitoring. There are a total of two exits to grade from the central core plus each of the four pods containing resident sleeping rooms have a door FACILITY STANDARDS to grade and a door to the central core. Emergency power is provided by an on site generator and battery powered emergency lighting units are installed. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 30/10

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Bureau of Facility Standards

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If continuation sheet 2 of 2

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) M 000 Continued From Page 1 M 000 (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. See Poc on CMS 2567 4-30-10 K018 Transfer Grills 2. K046 Testing of Emergency Lighting. 3. K047 Exit Signs Not Illuminated 4. K062 Quarterly Sprinkler Inspections K064 Monthly Checks Of Fire Extinguishers 6. K144 Generator Inspections and Checks

021199

O0VE21

STATE FORM

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		13G001		B. WING		03/	16/2010
	ROVIDER OR SUPPLIER	D HOSPITAL	1660 E		TATE, ZIP CODE AVENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED E LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE (E APPROPRIATE	(X5) COMPLETION DATE
	protected wood frame building was constructed was considered was considered was constructed wa	ing is a single story stame construction. The process of the building is protect of the building is protect of the building is protect of the building is mand an upgraded attention system. Multiple ilding, plus there are several "suits" withing yower is supplied automatic generators building and the oth Wings "B" and "C" at remainder of the burner assemblies. The indicate the cited during the LIFE SAME. The indicate with 42 conducting the fire/life same conducted accordance with 42 conducting the fire/life same conductions.	e original ne "E" wing ted e fire e exits to e direct n the by two ; one er serves are ilding by uring the ed 2010. The AFETY ealth Care CFR fety survey	K 000	RECE!	/ E D	(X6) DATE

MARITIE) 3/30/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 13G001	MBER:	(X2) MULTIPL A. BUILDING B. WING		(X3) DATE S COMPL	ETED
		13300	,	DECC OITY 37	TATE ZIR CODE	03/1	16/2010
	ROVIDER OR SUPPLIER STATE SCHOOL AN	ID HOSPITAL	1660 E		TATE, ZIP CODE NVENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED E LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 000	Continued From pa	age 1		K 000			
K 018	Doors protecting corequired enclosure hazardous areas a those constructed wood, or capable of minutes. Doors in required to resist the no impediment to the are provided with a the door closed. Dare permitted.	orridor openings in our soft vertical opening re substantial doors, of 1% inch solid-bond resisting fire for at sprinklered buildings the passage of smoke the closing of the door means suitable for butch doors meeting 9.3.6.3 prohibited by CMS reacilities.	ther than s, exits, or such as ded core least 20 s are only e. There is ors. Doors keeping 19.3.6.3.6	K 018			4-30-10 7B
	Based on observat	not met as evidenced tion the facility did no separated by smoke	ot ensure	·			

Printed: 03/17/2010 FORM APPROVED OMB NO, 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU 13G001	IMBER:	A, BUILDING B. WING	02	COMPL	ETED
NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL 1660			STREET ADD 1660 E	ADDRESS, CITY, STATE, ZIP CODE ELEVENTH AVENUE NORTH PA, ID 83687			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED E LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 018	partitions and doors sixty eight clients of Findings include: 1. During the tour of between the hours observation of the fitransfer grills in the doors observed are A52, A55, D11, D1 Control Room. This Surveyor and the Mideficiency has the clients and all staff survey. 2. During the tour of between the hours observation of the fitten and all staff survey. 2. During the tour of between the hours observation of the fitten and all staff survey. 2. During the tour of between the hours observation of the fitten and all staff survey. 2. During the tour of between the hours observation of the fitten and the fitten and fit	of the facility on Marco of 9:55 AM and 10: following doors reveal lower half of the doe as follows; 822, A12, D17 and the Tems was observed by the Maintenance Supervipotential to affect elements of 9:57 AM and 9:5 following doors reveal without a Rabbet is observed by the Sunday of the survey and the door to be a survey of the survey. The facility on Marco of 9:57 AM and 9:5 following doors reveal without a Rabbet is observed are as for and the door to be survey of the survey. The facility on Marco of 9:57 AM and 9:5 following doors reveal without a Rabbet is observed by the Sunday of the survey. The facility on Marco of 9:57 AM and 9:5 following doors reveal are as for any other than and the door to be survey. The facility on Marco of 9:57 AM and 9:5 following doors reveal are as for any other than any of the survey. The facility on Marco of 9:57 AM and 9:5 following doors reveal are as for any other than any other	ch 9, 2010 43 AM, aled ors. The 4, A42, perature he isor. This even of the ch 9, 2010 8 AM, aled that , Astragal, bllows; the o the veyor and ciency has d all staff ancies they are pers, shall they he upper vith a	K 018			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	(X2) MULTIF A, BUILDING B. WING	PLE CONSTRUCTION G 02	(X3) DATE S COMPL	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
	STATE SCHOOL AN	ND HOSPITAL	1660 E		AVENUE NORTH	_	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 018	Continued From p upper and lower le astragal, a rabbet,	aves shall be equipp	ed with an	K 018			
K 046	Emergency lighting	AFETY CODE STAN of at least 1½ hour ance with 7.9. 19.2	duration is	K 046			4-30-10 7B
	Based on record re facility had not ens being tested monti	not met as evidenced eview, it was determinured emergency light aly or annually. The fa ight clients on the da	ned the ating was acility had				
	AM, maintenance in not have records for testing of the emer the facility. This was the Maintenance S	•	facility did Innual hroughout eyor and iency has				
	NFPA 101 - 2000 I Chapter 19 Existing 19.2.9 Emergency 19.2.9.1 Emergency lighting accordance with S	Edition g Healthcare Occupa Lighting. g shall be provided in					

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 13G001 03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

IDAHO 8	TATE SCHOOL AND HOSPITAL		ID 83687	VENUE NORTH	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B REGULATORY OR LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	Continued From page 4 A functional test shall be conducted on required emergency lighting system at 3 intervals for not less than 30 seconds. A test shall be conducted on every require battery-powered emergency lighting sys not less than 11/2 hours. Equipment shaperational for the duration of the test. A records of visual inspections and tests skept by the owner for inspection by the shaving jurisdiction.	an annual ed tem for all be fully Written shall be	K 046		
K 062	NFPA 101 LIFE SAFETY CODE STANI Required automatic sprinkler systems a continuously maintained in reliable oper condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, 25, 9.7.5	re rating	K 062		
	This Standard is not met as evidenced Based on record review, the facility faile inspect and test the automatic sprinkler as required. The facility had a census of	d to			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLI IDENTIFICATION NO 13G00	JMBER:	A. BUILDING B. WING	CLE CONSTRUCTION 02	(X3) DATE S	
	ROVIDER OR SUPPLIER		STREET ADD		AVENUE NORTH		10,2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCY Y MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 062	eight clients on the Findings include: Record review on Mours of 10:10 AM the facility was una of any quarterly insautomatic sprinkler the Surveyor and the This deficiency has clients and all staff survey. Actual Code Reference NFPA 101 - 2000 EC Chapter 19 Existing 19.3.5 Extinguishm 19.3.5.1 Where required by shall be protected the supervised automatic sprink required by this Coland maintained in a	March 10, 2010 betward 11:20 AM, revible to provide documpections or tests of system. This was reme Maintenance Superior to the potential to affer present on the day ence Edition go Healthcare Occupent Requirements. 19.1.6, health care chroughout by an apartic sprinkler system ection 9.7. and Testing. All the inspected accordance with NF spection, Testing, and atter-Based Fire Provides the minimum reception, testing, and rinkler systems. Takene the minimum reception, testing, and reception.	ealed that mentation the noted by pervisor. ect eleven of the eancies facilities proved, in esystems ed, tested, PA 25, and tection equirements ole 2-1 shall quired in easier than the earlier of the ea	K 062			4-30-10

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

02

B. WING

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

		NAMPA, ID 8368	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 6 Inspection, Testing, and Maintenance Quarterly testing for Alarm Devices and Ma Drain.	K 062		
K 064	NFPA 101 LIFE SAFETY CODE STANDAR Portable fire extinguishers are provided in a health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	all		4-30-10 7B
	This Standard is not met as evidenced by: Based on observation the facility did not en that portable fire extinguishers were being checked on a monthly basis. The facility ha census of sixty eight clients on the day of the survey. Findings include:	sure		
	During the tour of the facility on March 9, 20 between the hours of 9:55 AM and 10:45 A observation of the portable fire extinguisher revealed that they were not being checked monthly basis or being signed off on the aff tag. This was observed by the Surveyor and Maintenance Supervisor. This deficiency has potential to affect eleven clients and all staf present on the day of the survey.	M, rs on a fixed d the as the		

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

NIAME OF SECTION	OTDEET ADDE	DEGG OUT/ CTATE TID CODE	
_	13G001	B. WING	03/16/2010
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02	(X3) DATE SURVEY COMPLETED
OLIVIERO I ON MEDIONIC	A MEDIONID OF CASE		CIAID IAO' 0900-099

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

Ad NI CI 19 Po he 9. W se sh ad Fi NI 4- 4- Fi pla in	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM Continued From page 7 Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupa	Y FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Ad NI CI 19 Po he 9. W se sh ad Fi NI 4- 4- Fi pla in	Actual Code Reference NFPA 101 - 2000 Edition	K 064		
NI CI 19 Po he 9. 9. W se sh ac Fi NI 4- 4- 10 pl 30 in	NFPA 101 - 2000 Edition	:		
	Portable fire extinguishers shall be provinced the care occupancies in accordance 0.7.4.1. Where required by the provisions of and section of this Code, portable fire extinguished, inspected, and maintal accordance with NFPA 10, Standard for Extinguishers. NFPA 10 I-3 Inspection. I-3.1* Frequency. Fire extinguishers shall be inspected who blaced in service and thereafter at approximately approximately accordance with the control of	ided in all with other uishers lined in Portable len initially oximately libe		
G- ur	NFPA 101 LIFE SAFETY CODE STAND Generators are inspected weekly and ex under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			4-30-10 7B

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 02

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING_

IDAHO STATE SCHOOL AND HOSPITAL

	NAMPA	4, ID 83687		
(X4) ID PRÉFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 8	K 144		
·	This Standard is not met as evidenced by:			
, inc.	Based on observation and record review it was determined the facility had not ensured that the emergency generator was being inspected or was installed in accordance with NFPA 99. The facility had a census of sixty eight clients on the day of the survey.			
	The findings include:			
	1. Record review of the generator log on March 10, 2010 at 12:35 PM, disclosed that the facility did not document weekly checks on the emergency generator. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff present on the day of the survey.			
	2. During the tour of the facility on March 9, 2010 at 10:35 AM, observation of the E-Wing generator room revealed that there was not an emergency light installed in the room for the generator. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff present on the day of the survey.			
	Actual NFPA standard: NFPA 99 1999 edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant			

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OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING_ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

DAHO S	STATE SCHOOL AND HOSPITAL		LEVENTH A N, ID 83687	VENUE NORTH	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 9 parts, shall be so maintained as to be ca supplying service within the shortest tim practicable and within the 10-second int specified in 3-4.1.1.8 and 3-4.3.1. Maint shall be performed in accordance with N Standard for Emergency and Standby P Systems NFPA 110 1999 edition 5-3 Lighting. 5-3.1 The Level 1 or Level 2 EPS equipment I shall be provided with battery-powered emergency lighting. The emergency light charging system and the normal service lighting shall be supplied from the load stransfer switch. 6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspectively and shall be exercised under load monthly.	e erval enance NFPA 110, lower location ating e room side of the lected	K 144		

TAG #: K-018, MM309

1. Corrective action for the identified problem.

All transfer grills will be covered. The Dutch doors to the music room and kitchen will be modified to ensure the gap has a smoke seal.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance Craftsman Senior
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-046, MM309

1. Corrective action for the identified problem.

The testing on the emergency lighting for the Medical building had been completed monthly but the testing log was included with the monthly generator test log (see attached).

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

Done

TAG #: K-062, MM309

1. Corrective action for the identified problem.

The Medical building sprinkler system has been inspected and tested. A quarterly schedule will be developed to ensure that compliance is maintained.

- 4. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-064, MM309

1. Corrective action for the identified problem.

The fire extinguishers have been checked and a monthly schedule will be developed.

- 5. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

A work order has been assigned to the electrician to install an emergency light in the generator room in the Medical building.

- 6. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

A schedule for weekly generator checks will be initiated to ensure compliance is maintained.

- 7. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

PRINTED: 03/17/2010 FORM APPROVED

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING_ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The medical building is a single story structure of protected wood frame construction. The original building was constructed in 1963 and the "E" wing addition in 1977. The building is protected RECEIVED throughout by a complete automatic fire extinguishing system and an upgraded fire alarm/smoke detection system. Multiple exits to APR B 1 2010 grade serve the building, plus there are direct exits to grade from several "suits" within the building. Emergency power is supplied by two FACILITY STANDARDS on-site, fuel fired, automatic generators; one serving the original building and the other serves the 1977 addition. Wings "B" and "C" are separated from the remainder of the building by two hour rated wall assemblies. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

021199

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Bureau of Facility Standards

PRINTED: 03/17/2010 FORM APPROVED

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING ___

03/16/2010

NAME OF PROVIDER OR	SUPPLIER
---------------------	----------

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

12, 11, 0	NAMPA, I	D 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF OEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
М 000	Continued From Page 1 The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program	M 000		
мм309	Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. 1. K018 Transfer Grills and Dutch Doors 2. K046 Testing of Emergency Lighting. 3. K062 Quarterly Sprinkler Inspections 4. K064 Monthly Checks Of Fire Extinguishers 5. K144 Generator Weekly Checks and no Emergency Light in Generator Room	MM309	See Poc on CMS 2567	4-30-10

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G 03	(X3) DATE S COMPLI	
		13G001		B. WING		03/1	6/2010
	ROVIDER OR SUPPLIER	D HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI MUST BE PRECEEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 000	The "Aspen" buildir with a mechanical I loccupied in Decem construction classif wood frame. The bidy an automatic fire fire alarm/smoke depower is supplied by automatic generated emergency lighting central core and two There is a total of sof the wings contain and two from the cedivided into three side barrier partition wall ICF/MR beds. The following deficition annual Fire/Life Satistic between March 9, 2 facility was surveyer CODE, 2000 Edition Occupancy and in a 483.70. The surveyor conductors: Taylor Barkley Health Facility Surveyor construction of the surveyor conductors.	ng is a single story stoft, that was completed be 2002. The build ication is Type V(III) uilding is protected the extinguishing system etection system. Employ an on site, fuel fireway an on site, fuel fireway as well as battery processed by the building consists of wings with sleeping ix exits to grade, two hing resident sleeping ix exits to grade, two hings are sident sleeping in the building has sident sleeping has s	ted ing's protected nroughout m and a ergency d, back ts of a g rooms in each g rooms ting is smoke 20 uring the d 2010. The AFETY ealth Care CFR	K 000	RECEIV APR 0 1 2010 FACILITY STAND	(car)	
	,		J				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

(X6) DATE

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 03 B. WING_

13G001

(X3) DATE SURVEY COMPLETED

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO S	TATE SCHOOL AND HOSPITAL	1660 ELEVENTH NAMPA, ID 8368	AVENUE NORTH 37	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE. (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	Continued From page 1	K 000		
K 046	NFPA 101 LIFE SAFETY CODE STAND Emergency lighting of at least 1½ hour d provided in accordance with 7.9. 19.2.	uration is		4-31-10 713
	This Standard is not met as evidenced to	py:		,
	Based on record review, it was determine facility had not ensured emergency light being tested monthly or annually. The facilities a census of sixty eight clients on the day survey.	ing was cility had	,	
	Findings include: During record review on March 10, 2010 AM, maintenance records revealed the finot have records for either monthly or an testing of the emergency lighting units the facility. This was noted by the Survey the Maintenance Supervisor. This deficie the potential to affect fourteen clients an present on the day of the survey.	acility did nual roughout or and ency has		
ORM CMS	2567(02-99) Previous Versions Obsolete		O0VE21 If continuati	on sheet Page 2 o

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

03/16/2010

		13G00	01	B. WING		03/1	16/2010
NAME OF P	ROVIDER OR SUPPLIER	<u></u> _	STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE		
IDAHO S	TATE SCHOOL AN	D HOSPITAL		LEVENTH A A, ID 83687	VENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIEN (MUST BE PRECEEDED LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 046	Continued From particles Actual Code Reference NFPA 101 - 2000 E Chapter 19 Existing 19.2.9 Emergency 19.2.9.1 Emergency lighting accordance with Sequipment. A functional test sharequired emergency intervals for not less test shall be conducted battery-powered ernot less than 11/2 in operational for the records of visual in kept by the owner in having jurisdiction.	ence Edition g Healthcare Occup Lighting. shall be provided ection 7.9. ing of Emergency I all be conducted o y lighting system a s than 30 seconds cted on every requirergency lighting s nours. Equipment s duration of the test spections and tests	in Lighting n every t 30-day . An annual ired ystem for shall be fully . Written s shall be	K 046			
K 062	Required automatic continuously maint condition and are in periodically. 19.7 25, 9.7.5	c sprinkler systems ained in reliable op	s are erating d	K 062			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY

COMPLETED

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(X4) WING

(X5) MULTIPLE CONSTRUCTION

(X6) DATE SURVEY

COMPLETED

(X7) PROVIDER/SUPPLIER/CLIA

(X6) MULTIPLE CONSTRUCTION

(X7) MULTIPLE CONSTRUCTION

(X7) DATE SURVEY

COMPLETED

(X7) PROVIDER/SUPPLIER/CLIA

(X1) PROVIDER/SUPPLIER/CLIA

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY

COMPLETED

(X6) DATE SURVEY

COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

	NAMP/	A, ID 83687	•	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 3	K 062		4-30-10 7 <u>3</u>
	This Standard is not met as evidenced by:			
	Based on record review, the facility failed to inspect and test the automatic sprinkler system as required. The facility had a census of sixty eight clients on the day of the survey.			
	Findings include:			
	Record review on March 10, 2010 between the hours of 10:10 AM and 11:20 AM, revealed that the facility was unable to provide documentation of any quarterly inspections or tests of the automatic sprinkler system. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect fourteen clients and all staff present on the day of the survey.			
	Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5 Extinguishment Requirements. 19.3.5.1			
	Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection			
	Systems. 2567(02-99) Brevious Versions Obselete		OOVE21 If continuation	n sheet Page A of

Printed: 03/17/2010 FORM APPROVED OMB_NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 03 B. WING _ 13G001 03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH

IDANO 3	TATE SCHOOL AND HOSPITAL	1660 ELEVENTH A NAMPA, ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY I REGULATORY OR LSC IDENTIFYING INFORMAT	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 4 NFPA 25 2-1 General. This chapter provides the minimum requir for the routine inspection, testing, and maintenance of sprinkler systems. Table to be used to determine the minimum requir frequencies for inspection, testing, and maintenance. Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Quarterly testing for Alarm Devices and M Drain.	2-1 shall ed		
K 144	NFPA 101 LIFE SAFETY CODE STANDA Generators are inspected weekly and execunder load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.			4-30-10 7B
	This Standard is not met as evidenced by	y:		
	Based on record review, it was determine facility had not ensured that the emergence generator was being inspected weekly in accordance with NFPA 99. The facility ha	су		

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 03

B. WING _____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

	NAMPA	A, ID 8368/	(
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION OATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)	K 144	CROSS-REFERENCED TO THE APPROPRIATE	CATE

TAG #: K-046, MM309

1. Corrective action for the identified problem.

The testing on the emergency lighting for the Aspen CSU had been completed monthly but the testing log was included with the monthly generator test log (see attached).

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

Done

TAG #: K-062, MM309

1. Corrective action for the identified problem.

The Aspen CSU sprinkler system has been inspected and tested. A quarterly schedule will be developed to ensure that compliance is maintained.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

Weekly inspections for the Aspen CSU building generator have been initiated and a schedule will be developed to ensure compliance is maintained.

- 4. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING _ 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The "Aspen" building is a single story structure, with a mechanical loft, that was completed /occupied in December 2002. The building's construction classification is Type V(III) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on site, fuel fired, RECEIVED automatic generator as well as battery pack emergency lighting. The building consists of a central core and two wings with sleeping rooms. APR 0 1 2010 There is a total of six exits to grade, two in each of the wings containing resident sleeping rooms and two from the central core. The building is FACILITY STANDARDS divided into three smoke zones by two smoke barrier partition walls. The building has 20 ICF/MR beds. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITLE

021199

O0VE21

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 03 B. WING_ 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) Continued From Page 1 M 000 M 000 MM309 16.03.11.110 Fire and Life Safety Standards MM309 See Poc on CMS 2567 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. K046 Testing of Emergency Lighting. 2. K062 Quarterly Sprinkler Inspections 3. K144 Generator Inspections and Checks

Bureau of Facility Standards

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION 6 04	(X3) DATE SURVEY COMPLETED	
		13G001		B. WING	***************************************	03/	16/2010
	ROVIDER OR SUPPLIER STATE SCHOOL AN	ND HOSPITAL	1660 E		TATE, ZIP CODE AVENUE NORTH		
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LABORATO	with a mechanical completed/occupies building's construct protected wood frathroughout by an asystem and fire/ sr Emergency power fired, automatic geemergency lighting central core and two There is a total of sof the wings contain from the central conthree smoke zones walls. The building beds. The following deficient annual Fire/Life Sabetween March 9, facility was surveyed CODE, 2000 Edition Occupancy and in 483.70. The surveyor condition was: Taylor Barkley Health Facility Sun Facility Fire Safety	g is a single story strated in December 2002 ation classification is 1 ame. The building is pautomatic fire extinguinoke detection system is supplied by an one enerator as well as based. The building consists wo wings with sleeping six exits to grade, two ining sleeping rooms one. The building is districted by two smoke barries is licensed for 20 ICI stencies were cited duafety survey conducted 2010 and March 16, and Ch 19 Existing Heaccordance with 42 Ch accordance with 42 Ch accordance with 42 Ch and Construction Provider/Supplier Repression in December 19 and Construction Provider/Supplier Repression in December 19 and Construction Provider/Supplier Repression in December 2010 and Construction Provider 2010 and Constr	The Type V(III) protected shing m. site, fuel ttery pack ts of of a g rooms. In each and two wided into er partition F/MR string the destroy ealth Care CFR sety survey	K 000	RECE! APR 0 1 FACILITY ST	2010	(X6) DATE
JBA	NOTIO .	\$/\$O[/D					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

04

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING _

03/16/2010

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH

TATE SCHOOL AND HOSPITAL		37	
(EACH DEFICIENCY MUST BE PRECEEDED BY	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 1	K 000		
Emergency lighting of at least 1½ hour of	luration is		
This Standard is not met as evidenced	by:		
facility had not ensured emergency light being tested monthly or annually. The fa a census of sixty eight clients on the day survey.	ting was cility had		
During record review on March 10, 2010 AM, maintenance records revealed the finot have records for either monthly or ar testing of the emergency lighting units the facility. This was noted by the Survey the Maintenance Supervisor. This deficie	acility did nnual roughout or and ency has		
	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMAL Continued From page 1 NFPA 101 LIFE SAFETY CODE STAND Emergency lighting of at least 1½ hour of provided in accordance with 7.9. 19.2. This Standard is not met as evidenced by the Standard is not met as evidenced light being tested monthly or annually. The fact a census of sixty eight clients on the day survey. Findings include: During record review on March 10, 2010 AM, maintenance records revealed the finot have records for either monthly or ar testing of the emergency lighting units the facility. This was noted by the Survey the Maintenance Supervisor. This deficiency the potential to affect eleven clients and	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Continued From page 1 K 000 K 000 K 046 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review, it was determined the facility had not ensured emergency lighting was being tested monthly or annually. The facility had a census of sixty eight clients on the day of the survey. Findings include: During record review on March 10, 2010 at 11:11 AM, maintenance records revealed the facility did not have records for either monthly or annual testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 1 K 000 NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review, it was determined the facility had not ensured emergency lighting was being tested monthly or annually. The facility had a census of sixty eight clients on the day of the survey. Findings include: During record review on March 10, 2010 at 11:11 AM, maintenance records revealed the facility did not have records for either monthly or annual testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 0

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

B. WING _

IDAHO S	TATE SCHOOL AND HOSPITAL	NAMPA, ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEEDED B' REGULATORY OR LSC IDENTIFYING INFORM	Y FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupa 19.2.9 Emergency Lighting. 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lig Equipment. A functional test shall be conducted on a required emergency lighting system at 3 intervals for not less than 30 seconds. A test shall be conducted on every require battery-powered emergency lighting sys not less than 11/2 hours. Equipment sha operational for the duration of the test. A records of visual inspections and tests a kept by the owner for inspection by the a having jurisdiction.	phting every 80-day An annual ed tem for all be fully Vritten shall be		H-30-10 713
K 062	NFPA 101 LIFE SAFETY CODE STANIA Required automatic sprinkler systems a continuously maintained in reliable oper condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, 25, 9.7.5	re ating		
0014 0140	2567(02 00) Dravious Versions Obsolets		OOVE21 If continuati	on sheet Page 3 o

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 04 B. WING_

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE **1660 ELEVENTH AVENUE NORTH**

	NAMPA, ID 8368		
(EACH DEFICIENCY MUST BE PRECEEDED BY	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Continued From page 3	K 062		4-30-10
This Standard is not met as evidenced by	y:		
inspect and test the automatic sprinkler s as required. The facility had a census of s eight clients on the day of the survey.	ystem		
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19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care factshall be protected throughout by an approsupervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe system in accordance with Section 9.7. All automatic sprinkler and standpipe system in accordance with NFPA Standard for the Inspection, Testing, and	tems tested,		
	EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMATION OR LSC IDENTIF	Continued From page 3 K 062 This Standard is not met as evidenced by: Based on record review, the facility failed to inspect and test the automatic sprinkler system as required. The facility had a census of sixty eight clients on the day of the survey. Findings include: Record review on March 10, 2010 between the hours of 10:10 AM and 11:20 AM, revealed that the facility was unable to provide documentation of any quarterly inspections or tests of the automatic sprinkler system. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff present on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25,	(EACH DERICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 This Standard is not met as evidenced by: Based on record review, the facility failed to inspect and test the automatic sprinkler system as required. The facility had a census of sixty eight clients on the day of the survey. Findings include: Record review on March 10, 2010 between the hours of 10:10 AM and 11:20 AM, revealed that the facility was unable to provide documentation of any quarterly inspections or tests of the automatic sprinkler system. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eleven clients and all staff present on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing, All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 03/17/2010 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 04 B. WING_ 13G001 03/16/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH

	NAMPA	A, ID 83687	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	Continued From page 4	K 062		
	NFPA 25 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Quarterly testing for Alarm Devices and Main Drain.			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		4-30-10
	This Standard is not met as evidenced by:			
	Based on record review, it was determined the facility had not ensured that the emergency generator was being inspected weekly in			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

IND FIDAN OF CORRECTION

13G001

A. BUILDING 04

B. WING _____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

		AIVIFA, ID 0300		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 144	Continued From page 5 accordance with NFPA 99. The facility had a census of sixty eight clients on the day of the survey. The findings include: Record review of the generator log on March 12010 at 12:37 PM, disclosed that the facility dinot document weekly checks on the emergency generator. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency the potential to affected eleven clients and all staff present on the day of the survey. Actual NFPA standard: NFPA 99 1999 edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source associated equipment, including all appurtena parts, shall be so maintained as to be capable supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenancy shall be performed in accordance with NFPA 15 Standard for Emergency and Standby Power Systems NFPA 110 1999 edition 6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at lemonthly.	d cy d nas e		

TAG #: K-046, MM309

1. Corrective action for the identified problem.

The testing on the emergency lighting for the Birch CSU had been completed monthly but the testing log was included with the monthly generator test log (see attached).

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

Done

TAG #: K-062, MM309

1. Corrective action for the identified problem.

The Birch CSU sprinkler system has been inspected and tested. A quarterly schedule will be developed to ensure that compliance is maintained.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

Weekly inspections for the Birch CSU building generator have been initiated and a schedule will be developed to ensure compliance is maintained.

- 4. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The "Birch" building is a single story structure, with a mechanical loft, that was completed/occupied in December 2002. The building's construction classification is Type V(III) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and fire/ smoke detection system. Emergency power is supplied by an on site, fuel fired, automatic generator as well as battery pack emergency lighting. The building consists of of a central core and two wings with sleeping rooms. There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. The building is licensed for 20 RECEIVED ICF/MR beds. The following deficiencies were cited during the APR 0 1 2010 annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE FACILITY STANDARDS SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: **Taylor Barkley** Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

Bureau of Facility Standards

021199

O0VE21

If continuation sheet 1 of 2

If continuation sheet 2 of 2

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 04 B. WING 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH** IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) M 000 M 000 Continued From Page 1 MM309 16.03.11.110 Fire and Life Safety Standards MM309 See Poc on CMS 2567, Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. K046 Testing of Emergency Lighting. 2. K062 Quarterly Sprinkler Inspections 3. K144 Generator Inspections and Checks

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Bureau of Facility Standards

STATE FORM

Printed: 03/17/2010 FORM APPROVED MB NO. 0938-0391

<u>CENTER</u>	S FOR <u>MEDICARE</u>	& MEDICAID SERV	ICES			OMB NO	<u>. 0938-0391</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		A. BUILDING	E CONSTRUCTION 05	(X3) DATE SURVEY COMPLETED	
		13G001		B. WING		03/1	6/2010
	ROVIDER OR SUPPLIER	ID HOSPITAL	1660 E		ATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TO DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN	TS		K 000			
	The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building consists of a		occupied in struction wood nout by an d a fire ency ed, attery pack		RECE	IVED	
	There is a total of six exits to grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/MR beds.				ŕ	1 2010 TANDARDS	
	annual Fire/Life Sa between March 9, facility was surveye CODE, 2000 Edition	iencies were cited du Ifety survey conducte 2010 and March 16, ed under the LIFE SA on, CH 19 Existing He accordance with 42 (ed 2010. The AFETY ealth Care				
	The surveyor cond was:	ucting the fire/life sat	fety survey				
	Taylor Barkley Health Facility Sur- Facility Fire Safety	veyor and Construction Pr	ogram				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sbroetie 3/30/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

05

(X3) DATE SURVEY COMPLETED

A. BUILDING

B. WING_ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 K 000 Continued From page 1 K 046 NFPA 101 LIFE SAFETY CODE STANDARD K 046 4-30-10 なえ Emergency lighting of at least 11/2 hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based on record review, it was determined the facility had not ensured emergency lighting was being tested monthly or annually. The facility had a census of sixty eight clients on the day of the survey. Findings include: During record review on March 10, 2010 at 11:12 AM, maintenance records revealed the facility did not have records for either monthly or annual testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect seventeen clients and all staff present on the day of the survey.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING 05 B. WING_

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DAHO S		1660 ELEVENTH A NAMPA, ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FUL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 046	Continued From page 2 Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.2.9 Emergency Lighting. 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-da intervals for not less than 30 seconds. An an test shall be conducted on every required battery-powered emergency lighting system not less than 11/2 hours. Equipment shall be operational for the duration of the test. Writte records of visual inspections and tests shall kept by the owner for inspection by the author having jurisdiction.	g y ay inual for e fully en be		
K 062	NFPA 101 LIFE SAFETY CODE STANDARI Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFF 25, 9.7.5	ı		
M CMS-	2567(02-99) Previous Versions Obsolete		O0VE21 If continuati	on sheet Page 3

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G 05	(X3) DATE S COMPLE	
		13G001 B. WING 03/1		6/2010			
	ROVIDER OR SUPPLIER TATE SCHOOL AN	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 062	Based on record reinspect and test the	ot met as evidenced eview, the facility faile a automatic sprinkler	ed to system	K 062			4.30-10 ZB
	eight clients on the Findings include: Record review on hours of 10:10 AM the facility was una of any quarterly ins automatic sprinkler the Surveyor and the This deficiency has	March 10, 2010 betwand 11:20 AM, reveble to provide documpections or tests of the Maintenance Supersthe potential to affected and all staff present of	een the aled that nentation he oted by ervisor.				
	Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.						

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

05

(X3) DATE SURVEY COMPLETED

13G001

A. BUILDING B. WING _

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

IDAHO S		PA, ID 83687	AVENUE NORTH '	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	NFPA 25 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shabe used to determine the minimum required frequencies for inspection, testing, and maintenance. Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance Quarterly testing for Alarm Devices and Main Drain.			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		4-30-10 713
	This Standard is not met as evidenced by:			
	Based on record review, it was determined the facility had not ensured that the emergency generator was being inspected weekly in			
ORM CMS-	2567(02-99) Previous Versions Obsolete		O0VE21 If continuation	n sheet Page 5 o

Printed: 03/17/2010 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 05 B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 144 K 144 | Continued From page 5 accordance with NFPA 99. The facility had a census of sixty eight clients on the day of the survey. The findings include: Record review of the generator log on March 10, 2010 at 12:38 PM, disclosed that the facility did not document weekly checks on the emergency generator. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect seventeen clients and all staff present on the day of the survey. Actual NFPA standard: NFPA 99 1999 edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches.

(a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110. Standard for Emergency and Standby Power Systems

NFPA 110 1999 edition

6-4.1

Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.

TAG #: K-046, MM309

1. Corrective action for the identified problem.

The testing on the emergency lighting for the Pine CSU had been completed monthly but the testing log was included with the monthly generator test log (see attached).

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

Done

TAG #: K-062, MM309

1. Corrective action for the identified problem.

The Pine CSU sprinkler system has been inspected and tested. A quarterly schedule will be developed to ensure that compliance is maintained.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-144, MM309

1. Corrective action for the identified problem.

Weekly inspections for the Pine CSU building generator have been initiated and a schedule will be developed to ensure compliance is maintained.

- 4. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The "Pine" building is a single story structure with a mechanical loft, that was completed/occupied in December of 2002. The building's construction classification is Type V(111) protected wood frame. The building is protected throughout by an automatic fire extinguishing RECEIVED system and a fire alarm/smoke detection system. Emergency power is supplied by an on-site, fuel fired, automatic generator as well as some battery pack emergency lighting. The building APR 0 1 2010 consists of a central core and two wings with sleeping rooms. There is a total of six exits to FACILITY STANDAHDS grade, two in each of the wings containing sleeping rooms and two from the central core. The building is divided into three smoke zones by two smoke barrier partition walls. This building has 20 ICF/MR beds. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, CH 19 Existing Health Care Occupancy and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 3/30/10

STATE FORM

Bureau of Facility Standards

021199

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If continuation sheet 1 of 2

If continuation sheet 2 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 Continued From Page 1 M 000 MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must See Pac on 2567 meet all the requirements of local, state and 4-30-10 national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. 1. K046 Testing of Emergency Lighting. 2. K062 Quarterly Sprinkler Inspections 3. K144 Generator Inspections and Checks

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Bureau of Facility Standards

STATE FORM

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687

	STATE SCHOOL AND HOSPITAL	NAMPA, ID	83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PF	ID REFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	The Birch Mini Gym #1 is the multi-purpo	ose	K 000		
	building constructed in November 2002 a unattached Type V(III) building. The struused for sports activities and is principall equipped with a basketball floor and hoo There is a fire alarm system installed in the building and exiting classification is remocapability. Battery pack emergency lighting provided. The following deficiencies were cited during an activities and services and services are services.	cture is ly ips. the ote ng is		RECEIVED	
	annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2 facility was surveyed under the LIFE SAF CODE, 2000 Edition and in accordance CFR 483.70.	d 2010. The FETY with 42		APR Q 1 2010 FACILITY STANDARDS	
	The surveyor conducting the fire/life safe was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Pro				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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(X6) DATE

Abvoetje \$30/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION 06	(X3) DATE SURVEY COMPLETED	
		13G001		B. WING		03/1	6/2010
	ROVIDER OR SUPPLIER	ND HOSPITAL	1660 E		TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCE CY MUST BE PRECEEDED E LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 000	Continued From p	page 1		K 000			
K 130		LLANEOUS	786	K 130			4.30-10 7B
	O MEN 200 DEF	ICILINOT NOT ON 21					
	Based on record facility had not ensibeing tested month	not met as evidenced d review, it was deten sured emergency ligh hly or annually. The fa eight clients on the da	mined the nting was acility had				
	Findings include:						
	PM, maintenance not have records f testing of the emer the facility. This wa the Maintenance S	ew on March 10, 2019 records revealed the for either monthly or a rgency lighting units the same of the Surve Supervisor. This deficated seven clients and of the survey.	facility did innual hroughout eyor and iency has				
	facility had not ens being inspected ar	d review, it was deter sured that the fire ala nnually. The facility ha tht clients on the day	rm was ad a				
	Findings include:						
	AM, maintenance	ew on March 10, 201 records revealed the	facility did				

alarm system for the facility. This was noted by

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 6 06	(X3) DATE S COMPLE	
		13G001		B, WING		03/1	6/2010
	PROVIDER OR SUPPLIER	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 130	This deficiency has clients and all staff survey. Actual Code Reference NFPA 101 2000 Edition 4.6.12.2 Existing life safety	ne Maintenance Sup the potential to affe present on the day of ence features obvious to the Code, shall be eith	ct seven of the	K 130			

<u>TAG #:</u> K-130, MM309 <u>Citation #1</u>

1. Corrective action for the identified problem.

The emergency lighting system for the Birch Mini Gym #2 has been tested. A schedule is being developed to ensure the continued compliance with monthly inspections.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

<u>TAG #:</u> K-130, MM309 <u>Citation #2</u>

1. Corrective action for the identified problem.

The Birch Mini Gym fire alarm system has been inspected at the same time Birch CSU was inspected. However, the inspector did not differentiate the two buildings on the report. This will be requested at the time of the next inspection. A schedule for monthly and annual inspections will be developed to ensure that compliance is maintained.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 06 B. WING _ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH** IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The Birch Mini Gym #1 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote capability. Battery pack emergency lighting is provided. RECEIVED The following deficiencies were cited during the annual Fire/Life Safety survey conducted APR 0 1 2010 between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance FACILITY STANDARDS with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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Bureau of Facility Standards

If continuation sheet 2 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) M 000 Continued From Page 1 M 000 MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS See Poc on CMS 2567 4-30-10 2567 form. 1. K130 Testing of Emergency Lighting. K130 Annual Fire Alarm Inspection

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Bureau of Facility Standards

STATE FORM

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		A. BUILDING	E CONSTRUCTION 07	(X3) DATE SU COMPLE	
		13G001		B. WING		03/16	6/2010
	ROVIDER OR SUPPLIER TATE SCHOOL AN	ID HOSPITAL	1660 E	DRESS, CITY, ST LEVENTH A A, ID 83687	ATE, ZIP CODE VENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED E LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	building constructe unattached Type V used for sports acti equipped with a ba There is a fire alarr building and exiting capability. Battery provided. The following deficiannual Fire/Life Sa between March 9, 2 facility was surveyed CODE, 2000 Edition CFR 483.70. The surveyor conditions: Taylor Barkley Health Facility Surveyor Safety	rm #2 is the multi-pud in November 2002 (III) building. The strivities and is principal sketball floor and hom system installed in classification is remoack emergency lightiencies were cited defety survey conducted 2010 and March 16, and under the LIFE Sen and in accordance fucting the fire/life saveyor and Construction Provider/Supplier Repression of the supplier of the provider of the saveyor and Construction Provider/Supplier Repression of the supplier Repression of the su	as an ucture is ally ops. In the note ting is uring the ed 2010. The AFETY with 42 fety survey ogram	K 000	APR	EIVED 0 1 2010 STANDARDS	
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 07 B. WING 13G001 03/16/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **IDAHO STATE SCHOOL AND HOSPITAL** 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X5) COMPLETION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 000 Continued From page 1 K 000 4-30-10 K 130 NFPA 101 MISCELLANEOUS K 130 £15 OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: 1. Based on record review, it was determined the facility had not ensured emergency lighting was being tested monthly or annually. The facility had a census of sixty eight clients on the day of the survey. Findings include: During record review on March 10, 2010 at 12:57 PM, maintenance records revealed the facility did not have records for either monthly or annual testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect seven clients and all staff present on the day of the survey. 2. Based on record review, it was determined the facility had not ensured that the fire alarm was being inspected annually. The facility had a census of sixty eight clients on the day of the survey. Findings include: During record review on March 10, 2010 at 10:12 AM, maintenance records revealed the facility did

not have records for annual testing of the fire

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN OF CORRECTION		identification number:		A. BUILDING B. WING	07	COMPL	
	ROVIDER OR SUPPLIER		STREET ADD	ORESS, CITY, ST		03/	16/2010
(X4) ID PREFIX TAG			ES Y FULL	A, ID 83687	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE		
K 130	the Surveyor and the This deficiency has clients and all staff survey. Actual Code Reference NFPA 101 2000 Edition 4.6.12.2 Existing life safety	e facility. This was not be Maintenance Super the potential to affect present on the day of the code, shall be either the facility.	ervisor. ct seven of the	K 130			

(X2) MULTIPLE CONSTRUCTION

TAG #: K-130, MM309

Citation #1

1. Corrective action for the identified problem.

The emergency lighting system for the Aspen Mini Gym #2 has been tested. A schedule is being developed to ensure the continued compliance with monthly inspections.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: K-130, MM309

Citation #2

1. Corrective action for the identified problem.

The Aspen Mini Gym fire alarm system has been inspected at the same time Aspen CSU was inspected. However, the inspector did not differentiate the two buildings on the report. This will be requested at the time of the next inspection. A schedule for monthly and annual inspections will be developed to ensure that compliance is maintained.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 07 B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The Aspen Mini Gym #2 is the multi-purpose building constructed in November 2002 as an unattached Type V(III) building. The structure is RECEIVED used for sports activities and is principally equipped with a basketball floor and hoops. There is a fire alarm system installed in the building and exiting classification is remote APR 0 1 2010 capability. Battery pack emergency lighting is provided. FACILITY STANDARDS The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATE FORM

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If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G001

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

A. BUILDING 07
B. WING _____

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH

IDAIIO U		ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR E FIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
М 000	Continued From Page 1	M 000		
MM309	16.03.11.110 Fire and Life Safety Standards Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by:			
	Refer to federal deficiencies listed on the CMS 2567 form. 1. K130 Testing of Emergency Lighting. 2. K130 Annual Fire Alarm Inspection		See Poc on CMS 2567	4:30-10

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G 08	(X3) DATE S COMPLI	
		13G001		B. WING	_	03/1	6/2010
	ROVIDER OR SUPPLIER STATE SCHOOL AN	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
K 000	The following defici annual Fire/Life Sa between March 9, 2 facility was surveye CODE, 2000 Edition CFR 483.70. The surveyor condi- was: Taylor Barkley Health Facility Surveyor	built in January 1945 repair shop. iencies were cited du fety survey conducte 2010 and March 16, ied under the LIFE SA n and in accordance ucting the fire/life saf	uring the d 2010. The NFETY with 42 ety survey	K 000	RECEIV APR 0 1 20 FACILITY STANK	10	
K 130	NFPA 101 MISCEL	LANEOUS CIENCY NOT ON 27	'86	K 130			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) OATE

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3/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G001

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

B. WING

03/16/2010

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL

1660 ELEVENTH AVENUE NORTH NAMPA. ID 83687

		NAMPA, ID 8368	7	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130	Continued From page 1	K 130	_	4-30-10
	This Standard is not met as evidenced by Based on record review, it was determine facility had not ensured emergency lighting tested monthly or annually. The fact a census of sixty eight clients on the day survey. Findings include: During record review on March 10, 2010 AM, maintenance records revealed the fact not have records for either monthly or an testing of the emergency lighting units that the facility. This was noted by the Survey the Maintenance Supervisor. This deficie the potential to affect five clients and all supresent on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 40 Industrial Occupancies 40.2.9* Emergency Lighting. Emergency lighting shall be provided in accordance with Section 7.9.	ed the ng was cility had of the at 11:14 acility did nual roughout or and ncy has		

TAG #: K-130 Citation #1

1. Corrective action for the identified problem.

Emergency lights in the auto repair shop have been repaired and were tested on 3/27/10. A monthly inspection schedule will be developed to ensure continued compliance.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: MM-345 Citation #1

1. Corrective action for the identified problem.

The fire extinguisher in the auto repair shop has been inspected. A monthly inspection schedule will be developed to ensure continued compliance.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - DDTL
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30,2010

PRINTED: 03/17/2010 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 08 B. WING_ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY**) M 000 16.03.11 Inital Comments M 000 The structure was built in January 1945 and serves as an auto repair shop. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE RECEIVED SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) APR N 1 2010 The surveyor conducting the fire/life safety survey was:

FACILITY STANDARDS Taylor Barkley

Health Facility Surveyor Facility Fire Safety and Construction Program

MM345 | 16.03.11.110.06(f) Portable Fire Extinguishers

Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." MM345

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

3/29/10

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G001

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

80

(X3) DATE SURVEY COMPLETED

03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

1660 ELEVENTH AVENUE NORTH

	NAMPA,	ID 83687		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
MM345	Continued From Page 1 This Rule is not met as evidenced by: Based on observation the facility did not ensure that portable fire extinguishers were being checked on a monthly basis. The facility had a census of sixty eight clients on the day of the survey. Findings include: During the tour of the facility on March 9, 2010 at 9:05 AM, observation of the portable fire extinguishers revealed that they were not being checked on a monthly basis or being signed off on the affixed tag. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect five clients and all staff present on the day of the survey. NFPA 10 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.	MM345		4-30-10

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM		A. BUILDING	PLE CONSTRUCTION G 09	(X3) DATE SU COMPLE	
		13G001		B. WING	,	03/16	6/2010
	ROVIDER OR SUPPLIER	ID HOCDITAL			STATE, ZIP CODE		
IDANO S	TATE SCHOOL AN	ID HOSPITAL		A, ID 83687	AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIS Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 000	The structure was serves as an auto of the following deficient annual Fire/Life Salbetween March 9, facility was surveyed CODE, 2000 Edition CFR 483.70. The surveyor condivas: Taylor Barkley Health Facility Surveyor Safety	built in January 1954 detail shop. iencies were cited du fety survey conducte 2010 and March 16, 2 ed under the LIFE SA on and in accordance ucting the fire/life saf veyor and Construction Pro	ring the d 2010. The FETY with 42 ety survey	K 000	RECEL APR 0 1 2 FACILITY STAI	2010	
K 130	NFPA 101 MISCEL			K 130			
	OTHER LSC DEFI	CIENCY NOT ON 27	86				
LABORATO	DV DIDECTORIS OF PROV	/IDED/SHIPPHED DEDDESE	NITATIVE CIC	NATURE	TITLE		(YE) DATE

Sbroege 3/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF	PLE CONSTRUCTION 09		(X3) DATE SURVEY COMPLETED	
		13G001		B. WING		03/1	16/2010	
	IDER OR SUPPLIER TE SCHOOL AN	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
Find Durant And The State of Sun And The State of S	ised on record recility had not ensuing tested month census of sixty eigensus of record reviews facility. This was a Maintenance Sixty eigensus on the day tual Code Reference FPA 101 - 2000 Eigensus eigensus on the day tual Code Reference FPA 101 - 2000 Eigensus e	ot met as evidenced eview, it was determinated emergency lightly or annually. The faght clients on the date of the monthly or a gency lighting units the solution of the survey. Edition all Occupancies Lighting. shall be provided in	ned the sting was acility had by of the control of	K 130	DEFICIENC	·Y)	4-30-10	

TAG #: K-130 Citation #1

1. Corrective action for the identified problem.

Emergency lights in the auto detail shop have been repaired. A monthly inspection schedule will be developed to ensure they continue to be operable.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: MM-345 Citation #1

1. Corrective action for the identified problem.

The fire extinguisher has been inspected. A monthly inspection schedule will be developed to ensure continued compliance.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - DDTL
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30,2010

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The structure was built in January 1954 and serves as an auto detail shop. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally Retarded (ICF/MR) RECEIVED The surveyor conducting the fire/life safety survey was: APR 0 1 2010 Taylor Barkley Health Facility Surveyor FACILITY STANDARDS Facility Fire Safety and Construction Program MM345 16.03.11.110.06(f) Portable Fire Extinguishers MM345 Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) MM345 Continued From Page 1 MM345 4-30-10 This Rule is not met as evidenced by: Based on observation the facility did not ensure that portable fire extinguishers were being checked on a monthly basis. The facility had a census of sixty eight clients on the day of the survey. Findings include: During the tour of the facility on March 9, 2010 at 9:02 AM, observation of the portable fire extinguishers revealed that they were not being checked on a monthly basis or being signed off on the affixed tag. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect three clients and all staff present on the day of the survey. NFPA 10 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		13000	·			03/16/2010	
	ROVIDER OR SUPPLIER TATE SCHOOL AN	ND HOSPITAL	1660 E	ELEVENTH AVENUE NORTH PA, ID 83687			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
K 000	The following defice annual Fire/Life Salbetween March 9, facility was surveyed CODE, 2000 Edition CFR 483.70. The surveyor conditions: Taylor Barkley Health Facility Surveyor Surveyor Surveyor Surveyor Surveyor Barkley	built in January 1944 ral laundry. iencies were cited di ifety survey conducte 2010 and March 16, ed under the LIFE SA on and in accordance ucting the fire/life sa	uring the ed 2010. The AFETY with 42 fety survey	K 000	RECEIV APRO120 FACILITY STANK		
K 130	NFPA 101 MISCEL	LLANEOUS		K 130			
		CIENCY NOT ON 2					
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Amortia 3/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 03/17/2010 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 (X5) COMPLETION DATE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 130 Continued From page 1 K 130 4-30-10 This Standard is not met as evidenced by: Based on record review, the facility failed to inspect and test the automatic sprinkler system as required. The facility had a census of sixty eight clients on the day of the survey. Findings include: Record review on March 10, 2010 between the hours of 10:10 AM and 11:20 AM, revealed that the facility was unable to provide documentation of any annual tests of the automatic sprinkler system. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect five clients and all staff present on the day of the survey. Actual Code Reference **NFPA 101** 2000 Edition 4.6.12.2 Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed.

<u>TAG #:</u> K-130 <u>Citation #1</u>

1. Corrective action for the identified problem.

An inspection of the laundry sprinkler system has be completed and an annual inspection will be completed

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Plumber
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

TAG #: MM-345 Citation #1

1. Corrective action for the identified problem.

The fire extinguisher has been checked and a monthly schedule will be developed.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Laundry Lead Worker
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30,2010

If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH** IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The structure was built in January 1944 and serves as the central laundry. RECEIVED The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. APR 0 1 2010 The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11 - Rules Governing FACILITY STANDARDS Intermediate Care Facilities For The Mentally Retarded (ICF/MR) The surveyor conducting the fire/life safety survey was: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction Program MM345 | 16.03.11.110.06(f) Portable Fire Extinguishers MM345 Portable fire extinguishers must be serviced in accordance with the applicable NFPA Standard 10 (1978 edition), "Portable Fire Extinguishers." LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: 10 A. BUILDING B. WING 03/16/2010 13G001 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL NAMPA, ID 83687 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ΙD (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM345 MM345 | Continued From Page 1 This Rule is not met as evidenced by: Based on observation the facility did not ensure that portable fire extinguishers were being checked on a monthly basis. The facility had a census of sixty eight clients on the day of the survey. Findings include: During the tour of the facility on March 9, 2010 at 9:11 AM, observation of the portable fire extinguishers revealed that they were not being checked on a monthly basis or being signed off on the affixed tag. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect five clients and all staff present on the day of the survey. NFPA 10 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN	OF CORRECTION	IDENTIFICATION NU	MBER:	A, BUILDING	11	COMPLE	TED
		13G001	1	B. WING	-	03/1	6/2010
	ROVIDER OR SUPPLIER	D HOSPITAL	1660 E	DRESS, CITY, ST. LEVENTH A A, ID 83687	ATE, ZIP CODE VENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCI MUST BE PRECEEDED E SC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	Type V(III) constructuses the unattacher which makes up 70 inside. Currently the ICF/MR beds. The following deficition annual Fire/Life Safetween March 9, 2 facility was surveyed CODE, 2000 Edition CFR 483.70. The surveyor conduction annual Fire/Life Safetween March 9, 2 facility was surveyed CODE, 2000 Edition CFR 483.70. The surveyor conduction annual Fire/Life Safetween March 9, 2 facility was surveyed CODE, 2000 Edition CFR 483.70.	uilt in January 1984 action. The facility curd building as a thera % of the interior flood facility is licensed for the control of the contro	rently apy pool or space for 80 uring the ed 2010. The AFETY with 42 fety survey	K 000	RECEIV APR Q 1 201 FACILITY STAND		(X6) DATE

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

OLIVICIO I OIL MEDIOMIC	A MEDIOMID CLITTICE		OND NO. 0000-000
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 11	(X3) DATE SURVEY COMPLETED
	13G001	B. WING	03/16/2010

NAME OF PROVIDER OR SUPPLIER

IDAHO STATE SCHOOL AND HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

1660 ELEVENTH AVENUE NORTH
NAMPA, ID 83687

	NAMP.	A, ID 83687	1	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 130 K 130	NFPA 101 MISCELLANEOUS	K 130 K 130		4-30-10 7B
	OTHER LSC DEFICIENCY NOT ON 2786			
	This Standard is not met as evidenced by:			
	Based on record review, it was determined the facility had not ensured emergency lighting was being tested monthly or annually and was operable. The facility had a census of sixty eight clients on the day of the survey.			
	Findings include:			
	1. During record review on March 10, 2010 at 11:13 AM, maintenance records revealed the facility did not have records for either monthly or annual testing of the emergency lighting units throughout the facility. This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eight clients and all staff present on the day of the survey.			
	2. During the tour of the facility on March 9, 2010 at 10:58 AM, testing of the emergency lighting unit in the facility revealed that it would not illuminate upon pressing of the test button This was noted by the Surveyor and the Maintenance Supervisor. This deficiency has the potential to affect eight clients and all staff present on the day of the survey.			
	Actual Code Reference NFPA 101 - 2000 Edition			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIES IDENTIFICATION NUM	R/CLIA MBER:	(X2) MULTII A. BUILDING	PLE CONSTRUCTION G 11	(X3) DATE SU COMPLE	JRVEY TED
		13G001		B. WING		03/10	6/2010
	ROVIDER OR SUPPLIER	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 130	4.6.12.2 Existing life safety	features obvious to the Code, shall be eith	ne public,	K 130			

<u>TAG #:</u> K-130 & MM309 <u>Citation #1</u>

1. Corrective action for the identified problem.

Emergency lights for the pool have been repaired and were tested 3/27/10. Emergency lighting is on a monthly inspection.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

March 23, 2010 repaired

April 30,2010

If continuation sheet 1 of 2

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTII A. BUILDING B. WING		(X3) DATE SU COMPLE	TED
		13G001				03/16	5/2010
	ROVIDER OR SUPPLIER				STATE, ZIP CODE		
IDAHO S	FATE SCHOOL AND I		NAMPA, I		NUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
	Type V(III) constructuses the unattache which makes up 70 inside. Currently the ICF/MR beds. The following deficition annual Fire/Life Satisfied March 9, 2 The facility was sur SAFETY CODE, 20 with IDAPA 16.03.1 Intermediate Care I Retarded (ICF/MR) The surveyor condustrively was: Taylor Barkley Health Facility Survey Facility Fire Safety and Intermediate Care I Retarded (ICF/MR)	uilt in January 1984 action. The facility curid building as a thera of the interior floor facility is licensed for facilities were cited during the LIF for facilities facilities for facilities facilit	rently py pool r space or 80 uring the d 2010. E cordance entally ety	M 000	RECEIVE I APR 0 1 2010 FACILITY STANDAR		(X6) DATE
SBU	reter _	3/29/	10				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 11 B. WING_ 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1660 ELEVENTH AVENUE NORTH **IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) MM309 Continued From Page 1 MM309 MM309 16.03.11.110 Fire and Life Safety Standards MM309 4-30-10 See POC ON CMS 2567 Buildings on the premises used as facilities must ٦B meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. 1. K130 Emergency Lighting

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed: 03/17/2010 FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 12 B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER IDAHO STATE SCHOOL AND HOSPITAL 1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 Ramsey is an unattached single story building and is Type V(III) construction. The building is used as an educational unit/school on campus. There is a fire alarm system installed throughout RECEIVED the building with horn strobe units in classrooms and is off site monitored. Local school district contractors provide services within the building. APR 0 1 2010 The building was constructed in 1951 and has a partial basement. Exiting classification is remote capability. FACILITY STANDARDS The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with 42 CFR 483.70. The surveyor conducting the fire/life safety survey was:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Facility Fire Safety and Construction Program

TITIF

(X6) DATE

3/29/10

Health Facility Surveyor

Taylor Barkley

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	MBER:	A. BUILDING B. WING		(X3) DATE S COMPL	
	ROVIDER OR SUPPLIER	ID HOSPITAL	1660 E		AVENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
K 000	Continued From p	age 1		K 000			H-30-10
K 130	NFPA 101 MISCEL	LLANEOUS CIENCY NOT ON 27	786	K 130			7B
	This Standard is n	ot met as evidenced	by:				
	conduct fire drills a	I review, the facility fa s required. The facili ht clients on the day o	ty had a				
	Findings include:		46 504				
	revealed that the fa documentation for the facility. This wa the Maintenance S	March 10, 2010 at 12 acility was unable to partie of the drills being condust noted by the Surve upervisor. This deficient twenty clients and of the survey.	orovide ucted at eyor and ency has	ļ			
	15.7.1.2 Emergency egress conducted as follow	Edition g Educational Occup and relocation drills	shall be				

relocation drill shall be conducted every month

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION 12	(X3) DATE S COMPL	
NAME OF P	ROVIDER OR SUPPLIER	<u></u>	STREET ADE	DRESS, CITY, ST	TATE, ZIP CODE	L.,	
IDAHO S	STATE SCHOOL A	ND HOSPITAL	1	LEVENTH <i>A</i> A, ID 83687	VENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 130	the facility is in sest Exception: In clims severe, the month relocation drills shorovided that the regress and relocations that four are deferred. (2) All occupants in the drill. (3) One additional relocation drill, oth occupancies that a shall be required wo peration. 2. Based on record facility failed to ensworked and were I had a census of sithe survey. Findings include: During record revically, maintenance not have records for testing of the emethe facility. This was the Maintenance Step the potential to affipresent on the day. During the tour of 12:55 PM, testing in the stairwell revision in the stairwell revision in the stairwell revision. This discussion. This discussion is the survey.	ssion. ates where the weath ly emergency egress all be permitted to be equired number of er tion drills is achieved conducted before the of the building shall p I emergency egress a er than for education are open on a year-ro within the first 30 days d review and observa sure that emergency being maintained. Th xty eight clients on the or either monthly or a rgency lighting units to as noted by the Surve Supervisor. This defice ect twenty clients and	and deferred, mergency and not edrills are participate and all bund basis, is of attion, the lights e facility did annual throughout eyor and ciency has if all staff all staff and unit out. This intenance ential to	K 130			

Printed: 03/17/2010 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3 12	(X3) DATE SU COMPLE	
		13G001		B. WING		03/10	6/2010
	ROVIDER OR SUPPLIER	ID HOSPITAL	1660 E		STATE, ZIP CODE AVENUE NORTH 7		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCII Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	YFULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
K 130	15.2.9 Emergency Emergency lighting accordance with Se areas: (1) Interior stairs a (2) Assembly use (3) Flexible and op (4) Interior or wind (5) Shops and labe 7.9.3 Periodic Test Equipment. A functional test sh required emergence intervals for not less test shall be condu- battery-powered er not less than 11/2 if operational for the records of visual in	ence Edition g Educational Occup Lighting. g shall be provided in ection 7.9 in the follow and corridors spaces ben plan buildings owless portions of br	wing uildings ghting every 80-day An annual ed stem for all be fully Written shall be	K 130			

<u>TAG #:</u> K-130 & MM309 Citation #1

1. Corrective action for the identified problem.

A fire drill was completed in February. Previous requirements were quarterly drills. We have now initiated a monthly fire drill schedule. The local school district no longer uses the building.

- 2. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Maintenance Craftsman
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

<u>TAG #:</u> K-130 & MM309 Citation #2

1. Corrective action for the identified problem.

Emergency lights have been repaired and were tested 3/27/10. Emergency lighting is now on a monthly inspection.

- 3. Discipline responsible for monitoring system changes for maintenance of compliance.
 - Electrician
 - M&O Supervisor
- 3. Date when correction action will be corrected (usually within 60 days):

April 30, 2010

Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING_ 03/16/2010 13G001 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, ID 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 16.03.11 Inital Comments M 000 Ramsey is an unattached single story building and is Type V(III) construction. The building is used as an educational unit/school on campus. There is a fire alarm system installed throughout the building with horn strobe units in classrooms and is off site monitored. Local school district contractors provide services within the building. The building was constructed in 1951 and has a partial basement. Exiting classification is remote capability. The following deficiencies were cited during the annual Fire/Life Safety survey conducted between March 9, 2010 and March 16, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11 - Rules Governing Intermediate Care Facilities For The Mentally RECEIVED Retarded (ICF/MR) The surveyor conducting the fire/life safety APR 0 1 2010 survey was: Taylor Barkley FACILITY STANDARDS Health Facility Surveyor Facility Fire Safety and Construction Program LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

O0VE21

(X6) DATE

PRINTED: 03/17/2010

FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G001 03/16/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1660 ELEVENTH AVENUE NORTH IDAHO STATE SCHOOL AND HOSPITAL** NAMPA, 1D 83687 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) M 000 Continued From Page 1 M 000 MM309 16.03.11.110 Fire and Life Safety Standards MM309 Buildings on the premises used as facilities must meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to ICF/MR facilities. This Rule is not met as evidenced by: Refer to federal deficiencies listed on the CMS 2567 form. Sec Poc on 1. K130 Fire Drills 2. K130 Emergency Lighting.

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBBY RANSOM, R.N., R.H.I.T - Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720-0036 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: fsb@dhw.idaho.gov

March 22, 2010

Susan Broetje Idaho State School & Hospital 1660 Eleventh Avenue North Nampa, ID 83687

RE: Idaho State School & Hospital, provider #13G001

Dear Ms. Broetje:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho State School & Hospital, on March 16, 2010.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey for the Chapel. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Facility Fire Safety and Construction Program

TB/li

Enclosure

Printed: 03/15/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 13		(X3) DATE SURVEY COMPLETED	
		13G001		B. WING		03/16/2010	
NAME OF P	ROVIDER OR SUPPLIER				TATE, ZIP CODE		
IDAHO S	TATE SCHOOL AN	ID HOSPITAL		LEVENTH <i>A</i> A, ID 83687	VENUE NORTH		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCI Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE COMPLETION	
K 000	V(III) construction I building has a smo Exiting classification. The facility was for compliance during survey conducted I March 16, 2010. The LIFE SAFETY accordance with 42. The surveyor conditions: Taylor Barkley Health Facility Surveyor Surve	inattached building the built in January 1974 ske detection system on is remote capability and to be in substantion the annual Fire/Life she facility was survey CODE, 2000 Edition 2 CFR 483.70.	. The installed. y. ial Safety 10 and yed under and in	K 000	RECEIVE APR 0 1 2010 FACILITY STANDA	ADS	
LABORATO	RY DIRECTOR'S OR PRO	VIDER/SUPPLIER REPRES	ENTATIVE'S SI	GNATURE	TITLE	(X6) DATE	

SBURLIED 3/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING B. WING_

(X3) DATE SURVEY COMPLETED

03/16/2010

13G001

STREET ADDRESS, CITY, STATE, ZIP CODE

IDAHO STATE SCHOOL AND HOSPITAL		1660 ELEVENTH AVENUE NORTH NAMPA, ID 83687					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA	FULL PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY	M 000 nat is 1974. stem e ial Safety 10 and yed under and in es For The fety	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE			
10001700	Y DIRECTOR'S OR PROVIDER/SUPPLIER REPRESE	NEATH (FIG. 610 NATURE	TITLE	(X6) DATE			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

3/29/10

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